



Membership Application

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Mobile _____

E-mail _____

Membership Type:

1 Year Individual	\$ 25.00	_____
1 Year Family	\$ 40.00	_____
1 Year Business, Supportive Club, Organization	\$ 75.00	_____
Lifetime Individual	\$ 250.00	_____
Lifetime Family	\$ 400.00	_____
Additional Contribution		_____
	Total Enclosed	_____

Please submit **completed form** and **check** payable to: **Public Access Preservation Association, Inc.**
PO Box 4220
Telluride, CO 81435

I participate in the following types of recreation:

- | | | |
|------------------------|----------------------------|-------------------------|
| _____ ATV Riding | _____ Cross-Country Skiing | _____ Hiking |
| _____ Horseback Riding | _____ Mountain Biking | _____ Motorcycle Riding |
| _____ Snow-shoeing | _____ Snowmobiling | _____ Hang Gliding |
| Other _____ | | |

My main trail and public access concerns are:
